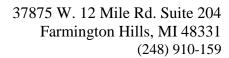




CLIENT INTAKE FORM

Name:		Age:
Birth Date:	Phone Numbers: Home:	
	Work:	OK to leave message?
		OK to leave message?
Other Family M	lembers Attending:	
Address:		
Residence (circl	le): Own Home Apartment Live Wi	ith Parents Dorm Other
	nship Status (circle): Single Engage Forced Widowed Living Together	
Length of Time	in this Relationship Status	
Spouse/Signific	ant Other's Name	Age:
Have you had a	ny previous marriages? From	to
name, sex, age, and	old Members: List all persons with whom you relationship to you (spouse, significant other ny person you currently have a concern about.	, child, parent, sibling, etc.). Put an
Overall impress	ion of your present family life:	
Father's Name		Age:
	sed, date of deathHow of	

Mother's Name	Age:
If deceased, date of death	How old were you at the time?
Siblings: Please list the name, sex, and age of all	your brothers and sisters.
Overall impression of your childhood famil	ly life:
	se, describe
How satisfied are you with your job?	
What is the highest level of education you l	nave completed?
Are you planning any further education?	If so, please specify
Describe if and how religion/spirituality pla	ays a part in your life:
List activities that you enjoy:	
What do you see as your strengths?	
What do you see as your weaknesses?	
What are your main fears?	
What are your major life goals at this time?	





Do you or any member of your family suffer from alcohol or substance abuse? If yes, please describe:
Do you or any member of your family have a history of mental illness?
Have you ever had suicidal thoughts/attempts? When? Please, add any information you think is important about it.
Has anyone in your family or close circle of friends had suicidal thoughts/ attempts, or has anyone you know completed suicide?
List any serious illnesses, accidents, operations, or traumatic experiences (such as physical or sexual abuse) you have ever had and your age at the time:
Date of last physical exam?Findings:
Are you being seen by any other professional person (physician, minister, priest, rabbi, psychologist, social worker, etc.) for physical or emotional difficulties at this time? If yes, please describe the nature of the problems and their treatments:

Why did you decide to enter counseling at this time?
Have you had previous counseling? If yes, approximately when?
How would you describe your counseling experience?
How will you measure the success of your counseling experience with Lifestart Counseling?
Is there any other information you consider important to share?
How did you find out about Lifestart Counseling?
Please, provide an emergency contact
Relationship Phone
Date Client Signature

I have reviewed the contents of this form and have discussed the same with the client.
Date Therapist